

SCHOOL DISTRICT OF SOUTH MILWAUKEE

HOMELESS DISPUTE RESOLUTION FORM

This form should be completed when a dispute arises over school enrollment/placement, and should be returned to the Director of Pupil Services at the School District of South Milwaukee District Office, 901 15th Street, South Milwaukee, WI 53172.

| Student's Name: | | |
|--|---------------------------------|--------------------------------|
| Person completing form: | | |
| (Name) | (Name) (Relation to Student) | |
| I may be contacted at: | | |
| (Address) | (Phone) | (E-mail) |
| I wish to dispute the following decision: | | |
| | | |
| I feel that the decision I am disputing was wrong b and use an attachment if necessary): | ecause (give detailed informati | on in support of your position |
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| | | |
| Persons who have information to support my positi | ion (include contact informatio | n): |
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| I request that the following action be taken on this | dispute: | |
| | | |
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| | | |
| (Parent/Guardian/Unaccompanied Youth's Signatu | are) | (Date) |

| Date Dispute Resolution Form received by Homeless Liaison: Determination of Homeless Liaison | | | | |
|--|---|--|---|---|
| | | | In compliance with the McKinney-Vento Homeless Assista provided to: | ance Act, the following written notification is |
| | | | Depart/Cyandian Lineaga | unaniad Vayth |
| Parent/GuardianUnaccorUnaccor | (Name) | | | |
| After reviewing the information relevant to your dispute m | y determination is as follows: | | | |
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| | | | | |
| Explanation for this determination: | | | | |
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| Notice or Right to Appeal: If you are not satisfied with the determined appeal is to be filed with the South Milwaukee Superintende this decision. For information about an appeal you may contact Children/Youth Coordinator at 608-261-6322. | ent of Schools within seven (7) calendar days of receipt of | | | |
| (District Homeless Liaison) | (Date) | | | |
| This Determination of the Homeless Liaison was given to t | he parent/guardian/unaccompanied youth on: | | | |
| (Date) | | | | |